School of Nursing Graduate Program

PRACTICUM DOCUMENTATION

ALL STUDENTS MUST COMPLETE PRIOR TO ENROLLMENT IN A PRACTICUM COURSE:

1) Medical requirements AND 2) License/insurance/training requirements

DEADLINES:

✓ Verification from Student Health Services (SHS) MUST be received by the School of Nursing DEADLINE.

✓ Students are responsible for confirming verification receipt with the School of Nursing.

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Fall Semester: July 15

Spring Semester: December 15

Summer Semester: May 1

IMPORTANT: Completion of the documentation includes receipt in the School of Nursing of verification from Student Health Services (SHS). NOTE: If your practicum begins prior to the actual semester start, then your due date may be earlier.

MEDICAL (DO NOT SUBMIT MEDICAL INFORMATION TO THE NURSING OFFICE)

The requirement list is on reverse side of this sheet. Student Health Services will collect this information from you and verify completion to us. YOU ARE RESPONSIBLE to be sure verification has been received in the School of Nursing BY THE DUE DATE.

Contact the School of Nursing to be sure it has been received.

LICENSE/INSURANCE/TRAINING

The requirement list is on the reverse side of this sheet. This information is submitted to the School of Nursing.

EXPIRED DOCUMENTATION:

EXPIRED DOCUMENTATION: It is the STUDENTS RESPONSIBILITY to submit expiring items as needed to avoid a lapse.

IMPORTANT: Students who have items that lapse during the semester may not continue in the practicum and are subject to administrative withdrawal.

MEDICAL REQUIREMENTS

PLEASE SUBMITT THE FOLLOWING PAPERWORK TO WSU STUDENT HEALTH SERVICES.

Student Health Services contacts: Phone 978-3620. Fax 978-3517, located on the east end, 2nd (main) floor of Ahlberg Hall. Giving items to Student Health Services early is advised, as the turnaround time varies. YOU MUST HAVE DOCUMENTATION for these items (lab report, Health Department record, etc.):

1. **PHYSICAL EXAM** Completed with ROS, YEARLY. Good for one year from date of exam. To be updated when expired.
2. **TUBERCULOSIS SCREENING** Yearly. Good for one year from date of exam. To be updated when expired.
   (Either one: A. Negative TB test OR B. Negative chest x-ray, with annual assessment for symptoms)
   A follow-up x-ray is required if symptomatic.
3. **MMR** Two MMR’s. If two MMR’s are not documented, then Rubella and Rubeola titer are required. If one titer is not positive then give a booster of MMR and repeat titer in 4-6 weeks.
   
   Note: Measles and mumps documentation not required if born prior to 1957
4. **RUBELLA** No Rubella titer is required if two MMR’s are documented.
5. **CHICKEN POX/VARICELLA** One-time documentation
   Any one:
   A. Written statement of Chicken Pox infection
   B. Two vaccinations for Chicken Pox/Varicella
   C. Positive Varicella titer
6. **HEPATITIS B** One-time documentation. A. Vaccination series for Hepatitis B.
7. **TETANUS TOXOID, PERTUSSIS, DIPHTHERIA** A single dose of Tdap is required. NOTE: For those under 64 years of age without Tdap immunization: IF IT HAS BEEN AT LEAST 2 YEARS since receipt of a tetanus toxoid-containing vaccine, obtain a single dose of Tdap. IF LESS THAN 2 YEARS, do not obtain Tdap until 2 years have passed. Tdap is a one-time immunization. Tetanus to be renewed each 10 years.
8. **INFLUENZA VACCINE** Yearly. Good for one year from date of exam. To be updated when expired, or waived from docs.
9. **MENINGITIS** Required if the student is living in the dorm for the first year, unless the student signs a waiver.
LICENSE/INSURANCE/TRAINING REQUIREMENTS

SUBMITT THESE ITEMS TO THE SCHOOL OF NURSING:
Room 501 Ahlberg Hall, Attn: Amy. Phone 978-5704. Fax 978-3094

10. **BACKGROUND CHECK.** Information is available from the graduate nursing office. Allow a week to complete, as this is done online. A copy will be provided to the School of Nursing. You must sign a release in the School of Nursing.

11. **LIABILITY INSURANCE.** A copy of your current coverage page for NP student insurance (minimum of $1 million each incident/ $3 million aggregate). Nursing Administration students may have RN insurance.

12. **REGISTERED NURSE LICENSE.** Proof of current license in Kansas. If your practicum will be in another state, you must also provide proof of license in that state.

13. **CPR.** Current Certification in Basic Cardiac Life Support/BCLS/CPR (and ACLS for ACNP students)

14. **BLOODBORNE PATHOGENS INSTRUCTION.** Good for one year from date of exam. To be updated when expired.

15. **HIPAA INSTRUCTION.** One-time documentation.

16. **PERSONAL HEALTH INSURANCE FOR YOU** (if there is no expiration date, provide signed statement that you will keep the insurance in effect while you are in any practicum/clinical experience).

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**STUDENTS SHOULD BE AWARE OF THE FOLLOWING:**

1. EACH HEALTH CARE AGENCY HAS ITS OWN POLICY. ADDITIONAL REQUIREMENTS MAY NEED TO BE MET.
2. THE PRESENCE OF ANY OF THE FOLLOWING CONDITIONS WILL PRECLUDE STUDENTS FROM PARTICIPATING IN A CLINICAL PRACTICE SETTING. Exposure to any infectious disease, particularly those listed below, is to be reported to the instructor.

   a. Streptococcal infections of the throat  d. Dysentery, confirmed organism or diarrhea  
   b. Herpes simplex  e. Staphylococcal infections  
   c. Herpes zoster (shingles)  f. Acute virus hepatitis

   g. Tuberculosis

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07/2008

Revised March 2010